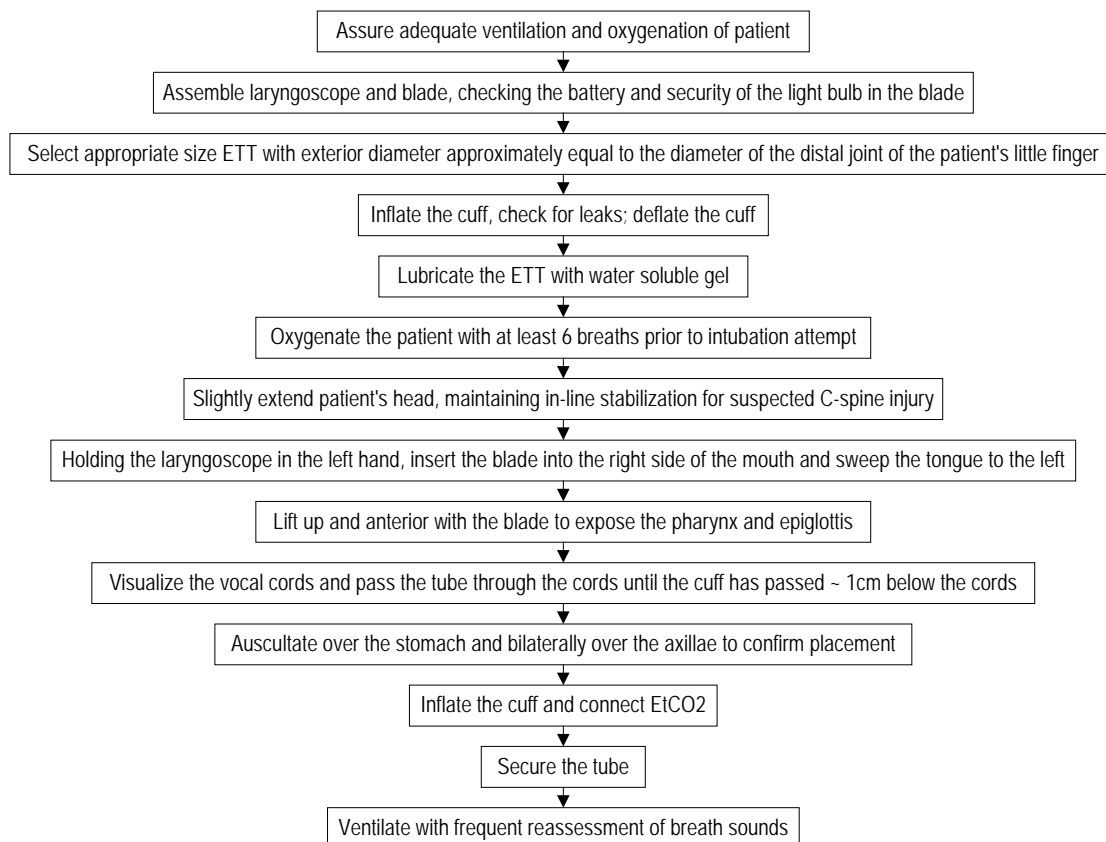


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**MILWAUKEE COUNTY EMS  
PRACTICAL SKILL  
ENDOTRACHEAL INTUBATION**

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
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Purpose:		Indications:	
To provide positive control of an airway To facilitate assisted ventilation in a patient with inadequate respirations To prevent aspiration in a patient with decreased reflexes		Patients in severe respiratory distress Unconscious patients unable to protect own airway Apnea or inadequate respiratory effort	
Advantages:	Disadvantages:	Complications:	Contraindications:
Positive control of the airway Prevents aspiration Facilitates ventilation Provides route for administration of selected medications Facilitates suctioning	Requires special training and equipment May be difficult to avoid C-spine movement Does not prevent gastric regurgitation	Airway trauma Misplacement Esophageal placement causes hypoxia Potential for simple or tension pneumothorax Gastric dilatation	Patient with intact gag reflex



**NOTES:**

- To prevent accidental extubation of a patient who has been intubated, the following steps should be taken when managing a patient with a 2.5 - 5.5 ET tube:
  - Inflate the cuff with 1 cc air. Avoid overinflating the cuff, as this may cause airway damage. The pilot balloon should remain soft after inflation of the cuff.
  - Verify ETT placement by connecting and documenting the EtCO2 reading.
  - The ETT should be secured to the patient's face with the Comfit ETT securing device.
  - When using an ETT size less than 4.5, use the plastic slip lock connector to secure the tube. The Comfit ETT securing device should not be used with ETT sizes less than 4.5 because it may cause narrowing of the ETT lumen and decrease oxygenation to the patient.
  - Management of the airway should be maintained by an EMT-Paramedic and not turned over to an EMT-Basic.
  - The head of the intubated patient should be maintained in an in-line stabilized position during transport.
- Most accidental extubations of patients occur during patient movement. The bag-valve assembly should be disconnected from the ETT for no longer than 30 seconds. ETT placement must be verified when reattaching the bag-valve.